

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09, 786, 043  
FILING DATE  
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/	2				
5						
6	/					
7	/					
8	/					
9		2				
10	/					
11						
12	/					
13		2				
14	/					
15						
16	/					
17		2				
18	/					
19	/					
20		2				
21	/					
22		1				
23		2				
24		①				
25		①				
26	/					
27	/					
28	/					
29		①				
30		①				
31	/					
32		①				
33		①				
34		①				
35	/					
36	/					
37		①				
38		①				
39		①				
40		①				
41		①				
42	/					
43	/					
44	/					
45		3				
46		3				
47	/					
48	/					
49	/					
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

  

	* IND.		* DEP.		IN
	IND.	DEP.	IND.	DEP.	
51	/	①			
52	/	①			
53	/	①			
54	/	①			
55	/				
56	/				
57	/				
58	/				
59		1			
60	/				
61					
62		1			
63					
64	/				
65					
66		1			
67					
68	/				
69		1			
70		1			
71	/				
72		1			
73		1			
74		1			
75		1			
76	/				
77	/				
78	/				
79		1			
80		1			
81	/				
82		1			
83		1			
84	/				
85	/				
86	/				
87		1			
88		1			
89		①			
90		①			
91		①			
92	/				
93		1			
94		①			
95		①			
96		①			
97	/				
98	/				
99	/				
100	/				
TOTAL IND.		↓		↓	
TOTAL DEP.		↓		↓	
TOTAL CLAIMS					

BEST AVAILABLE COPY

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09-786,043

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
10	/						51					
102	/						52					
103	/						53					
104		/					54					
105		/					55					
106	/						56					
107	/						57					
108		/					58					
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117		/					67					
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132		/					82					
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134		/					84					
135	/						85					
136	/						86					
137		/					87					
138		/					88					
139		4					89					
140		4					90					
141		4					91					
142	/						92					
143		/					93					
144		/					94					
145		2					95					
146		2					96					
147	/						97					
148	/						98					
149	/						99					
150	/						100					
TOTAL IND.	22						TOTAL IND.					
TOTAL DEP.	39						TOTAL DEP.					
TOTAL CLAIMS	61						TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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Claim		Date									
Final	Original										
151	2										
152											
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BEST AVAILABLE COPY

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If more than 150 claims or 10 actions  
staple additional sheet here

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27/06/22